

KING & SPALDING

King & Spalding LLP
1180 Peachtree Street N.E.
Atlanta, Georgia 30309-3521
Telephone: 404/572-4600
Facsimile: 404/572-5100
www.kslaw.com

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DATE: July 8, 2009

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FROM: Stephen C. MacDonald, Ph.D. 2737 **Our Ref. #:** 13139-0104CIP
(13721.105006)

NUMBER OF PAGES (Including Cover Page): 14

MESSAGE:

In re Application of:)
KARY B. MULLIS)
Application No. 10/754,456) **Confirmation No. 7994**
Filed: January 9, 2004)
Title: **CHEMICALLY PROGRAMMABLE IMMUNITY**)

Paper Attached:

Transmittal Form (1 page)
Fee Transmittal (1 page)
Terminal Disclaimer (1 page)
Amendment and Response to Office Action (9 pages)
Credit Card Charge form (1 page)

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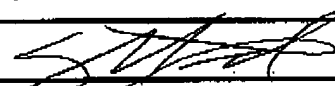
PTO/SB/21 (09-08)

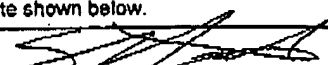
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/754,456
	Filing Date	January 9, 2004
	First Named Inventor	Kary B. Mullis
	Art Unit	1644
	Examiner Name	David A. Saunders
Total Number of Pages in This Submission	Attorney Docket Number	13139-0104CIP (13721.105006)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	King & Spalding LLP		
Signature			
Printed Name	Stephen C. MacDonald, Ph.D.		
Date	July 8, 2009	Reg. No.	80,401

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Stephen C. MacDonald, Ph.D.	Date	July 8, 2009

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL for FY 2009		Application Number	10/754,458
		Filing Date	January 9, 2004
		First Named Inventor	Kary B. Mullis
		Examiner Name	David A. Saunders
		Art Unit	1644
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	13139-0104CIP (13721.105006)
TOTAL AMOUNT OF PAYMENT	(\$)	70.00	

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____
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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195
Total Claims	Extra Claims	Fee (\$)
_____ -20 or HP= _____	x _____	= _____
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
_____ -3 or HP= _____	x _____	= _____
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)


Non-English Specification, \$130 fee (no small entry discount)

Other (e.g., late filing surcharge): Fee for Terminal Disclaimer

Fees Paid (\$)

70.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	60,401	Telephone	404-572-2715
Name (Print/Type)	Stephen O. MacDonald, Ph.D.	Date	July 8, 2009		

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